

PAY STUB

Employee Information		Pay Stub Information		
Employee Name:	Ora W. D'Amato	Pay Period Start:	08/01/2023	
Address:	4462 Selah Way	Pay Period End:	08/31/2023	
	South Burlington, VT 05403	Issue Date:	09/03/2023	
Employee ID:	100025482	SSN:	5024-XXXX	
Department:	Research & Development	Check Number:	0000-1111-2222-3333	

EARNINGS	Pay Description	YTD	Hours/Qty	Rate	Amount
	Regular Work	\$38,559.00	176	\$24.00	\$4,224.00
	Overtime	\$3,000.00	12	\$40.00	\$480.00
	Bonus	\$495.00	1	\$250.00	\$250.00
TOTAL EARNINGS		\$42,054.00			\$4,954.00
DEDUCTIONS	Description	Year to Date		Amount	
	Medicare 1.45%	\$568.00		\$71.83	
	Federal Income Taxes	\$2,356.00		\$256.00	
	Social Security	\$1,380.00		\$150.00	
	State Tax	\$450.00		\$50.00	
	Insurance	\$360.00		\$40.00	
	Loans	\$5,580.00		\$605.00	
TOTAL DEDUCTIONS		\$10,694.00		\$1,172.83	

Net Payable \$3,781.17

Note: Next pay date will be 10/02/2023

YTD Payments: \$31,360.00

Person responsible: _____

22222	a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Control number			9 Advance EIC payment	10 Dependent care benefits	
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a Code	
			13 Statutory employee Retirement plan Third-party sick pay	12b Code	
			14 Other	12c Code	
				12d Code	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2009

Department of the Treasury—Internal Revenue Service

Exide Life Group Term Life Insurance TERMS & CONDITIONS

Part II

Important terms and definitions

II.1. DEFINITIONS:

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external and visible means.
2. **Accidental death** covers death, which results directly from Accident and occurs within 90 days of the date of the accident.
3. **Active Service** shall mean employee employed with the Policyholder on a full time permanent basis who are actually working on a day which is one of the Policyholder's scheduled work days and are performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel. An employee will be considered in Active Service on a day, which is not one of the Policyholder's scheduled workdays only if he was performing in the customary manner all of the regular duties of his employment on the preceding scheduled workday. This is only applicable for an Employer-Employee relationship.
4. **Active Member** is an individual who is a member of the organization who is active and participates in its day-to-day activities. This active member must hold some sort of basic position, qualification, etc., as defined by the organization under its eligibility criteria and should have meet all the obligations and conditions required to be an active member. He should be active at work on the Risk Commencement date. This is only applicable for an Employer-Employee relationship.
5. **Active Service Certificate** is the certificate issued pursuant to Section II.3. of Part F of this Policy. This is only applicable for an Employer-Employee relationship.
6. **Active Member Dedication** shall mean a statement provided by an Active Member he/she is active and performing his daily activities and all his obligations as stated on the Risk Commencement date. In the event if the member is suffering from any illness, injury or disability case the Risk cover shall not commence until the member has recovered and is capable of performing regular regular duties on a Full time basis and also subject to signing a health declaration which is to be countersigned by the organization. This is applicable for an Employer-Employee relationship as well as an Affinity group.
7. **Activity** means if on the Risk Commencement Date, the member is performing in the usual way, all of the regular duties of his/her job on a full time basis. If the member is absent on the date the coverage commences, due to illness, injury or maternity the coverage shall not commence until the date of his/her return to duties and performed in the usual way all of the regular duties of his/her job on a full time basis and subject to signing a health declaration which is to be countersigned by the employer. This is only applicable for an Employer-Employee relationship.
8. **Affinity Group** means a set of homogeneous customers who have a common objective in the group where there is no lender-borrower relationship between the Master Policyholder and the Insured Members.
9. **Age** shall be Age of Life Assured or infant as last birthday i.e. the Age in completed years and is stated in the Policy Schedule.
10. **Amortization Schedule** refers the Amortization Schedules attached to the Certificate of Insurance issued to the Insured Member.
11. **Annual Renewal Date** shall mean the anniversary date of the Policy.
12. **Basic Policy** is issued and includes this document, Coverage Schedule, the signed Proposal Form, the Policy Schedule and any attached rider/amendments or supplements together with all addendums.